

## APPLICATION FOR DR. CRAIG FIEDLER SCHOLARSHIP

I wish to be considered as a candidate for the Dr. Craig Fiedler Special Education Scholarship. Please provide your answers for the questions below on a separate page. If submitting paper copy, please staple answers to this application form; if e-mailing, submit both application form and answer page. The completed application is due to the Special Education Office (NE 405) or [speced@uwosh.edu](mailto:speced@uwosh.edu), by Wednesday, February 20, 2013.

The scholarship is open to any special education undergraduate or graduate student.

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Campus address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Street, City, & Zip)

e-mail address: \_\_\_\_\_@uwosh.edu

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit a short essay answering the following questions:

1. The applicant must demonstrate the impact on his/her life of a personal relationship with an individual with a disability. The individual with disabilities may be a member of the immediate or extended family, a close friend, or neighbor. What has your relationship taught you about life?
2. The applicant must demonstrate an ongoing commitment to advocacy on behalf of individuals with disabilities by citing at least one example where they engaged in advocacy and/or leadership activities.